

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 639

Registrar's No. 247

1. Place of Death: (a) County Yuma

(b) City or Town Yuma

(c) Location 6th St and Cemetery Ave
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution Home

; In Community all of life
(Specify whether years, months or days) 10 yrs

; In Arizona all of life

2. Usual Residence of Deceased: (a) State Arizona

(b) County Yuma

(c) City or Town Yuma

(d) Street No. 6th St and Cemetery Ave.

(e) Citizen of foreign country (Yes or No) no

3. (a) FULL NAME Ester Gloria Zermeno

(b) If Veteran name war no

(c) Social Security No. none

4. Sex female 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐
6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive 10 yrs

7. Birthdate of deceased April 15 1933
(Month) (Day) (Year)

8. AGE: Years 10 Months 8 Days 15
If less than one day hrs. min.

9. Birthplace Yuma, Arizona
(City, town or county) (State or Country)

10. Usual Occupation child

11. Industry or Business none

12. Name Ignacio Zermeno

13. Birthplace Mexico
(City, town or county) (State or Country)

14. Maiden Name Frances Campos

15. Birthplace Yuma Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Ignacio Zermeno
(b) Address Box 647 Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Yuma Arizona

(c) Date 1/3/44

18. (a) Embalmer's Signature O. Salinas

(b) Funeral Director The Johnson Mortuary

(c) Address Yuma, Arizona

19. (a) Dec. 31, 1943
(Date received Local Registrar)

(b) Mary N. Kupperman
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 30, 1943;
TIME (Hour and minute) 9:00PM M.

21. I hereby certify that I attended the deceased from Did not see
child while alive in this illness.

that I last saw him alive on 10/15/43, 1943;

and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Resulting from Toxicities

Acute Rt. Heart Dilatation

Due to none

Due to none

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy History obtained from mother

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (Specify means of injury)

23. Signature Robert Sturges M. D.
Address Yuma, Ariz. Date signed 12-31-43

DURATION 5 days

1 hour

PHYSICIAN

Underline the cause to which death should be charged statistically